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CONFIRMATION NO. 6736

SERIAL NUMBER 10/030,115	FILING DATE 01/23/2002 RULE	CLASS 429	GROUP ART UNIT 1745	ATTORNEY DOCKET NO. 217532US2PCT	
APPLICANTS Shuichi Seki, Tokyo, JAPAN; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/JP00/03786 06/09/2000 YES ** FOREIGN APPLICATIONS ***** NO					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Janh</u> <u>DCL</u> Examiner's Signature Initials		STATE OR COUNTRY JAPAN	SHEETS DRAWING 9	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
ADDRESS 22850					
TITLE External power supply control system for cellular phone					
FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 6736

SERIAL NUMBER 10/030,115	FILING OR 371(c) DATE 01/23/2002	CLASS 455	GROUP ART UNIT 2683	ATTORNEY DOCKET NO. 217532US2PCT
RULE				

APPLICANTS

Shuichi Seki, Tokyo, JAPAN;

** CONTINUING DATA *****

This application is a 371 of PCT/JP00/03786 06/09/2000

** FOREIGN APPLICATIONS *****

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 9	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

ADDRESS

22850

TITLE

EXTERNAL POWER SUPPLY CONTROL SYSTEM FOR CELLULAR PHONE

FILING FEE RECEIVED 1190	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit